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A TEMPERATE EXAMINATION OF HOMŒOPATHY.

No. 3.

THE STATISTICS OF HOMŒOPATHY,

EXAMINED AND COMPARED WITH

The Regular Practice of Medicine.

BY

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THE STATISTICS OF HOMŒOPATHY,

EXAMINED AND COMPARED WITH

THE REGULAR PRACTICE OF MEDICINE.

In this pamphlet we shall endeavour to show how the practitioners of homœopathy have endeavoured to mislead the public with respect to the success of the regular practitioners of medicine. And, by-the-bye, we wish to make the distinction clear between the practitioner of homœopathy and the practitioner of medicine. We do not consider that the homœopathic practitioner is a practitioner of medicine at all, in the strict sense of the word. He only practises a particular creed, differing altogether from the general belief of the medical profession. We are borne out in this interpretation by Mr. W. T. Harding, the Registrar of New Brunswick, under the New Medical Act. It appears that the homœopaths are delighted to have a college of their own. It is proper that they should, and we hope they will immediately desist using and priding themselves on degrees obtained in the regular colleges of medicine in this country, and obtained by answering questions in a way which many at the time disbelieved, and which others have since repudiated. It is a pity they still wear honours thus obtained. The college of Cleveland, New Brunswick, is the college to which we hope the homœopath will in future resort. But Mr. Harding says that this is not strictly a medical college, but only a homœopathic college; and that the degree is not a medical degree, but only a homœopathic degree. He says that, although a man from this college may be, and is called a Doctor of Medicine, "the degree is a homœopathic degree, and not a medical one. As well might a veterinary surgeon claim to be registered because his diploma contains the word 'surgeon'." Mr. Harding adds, "I think from what I can gather, that should the matter be brought to trial, the law will sustain the view that a homœopathic degree is not a medical degree in the sense of the terms of our act." (*Lancet*, Oct. 8, 1859, p. 368.)

Before placing before the reader the various statistical tables which we have collected from various writers, we will give one published in Leeds by a homœopathic practitioner, and circulated widely, both privately and by post, to show the extraordinary success of his own mode of practice, when compared with that of his neighbours. When we first saw this table at the end of his pamphlet, we thought it re-

sembled some of the advertisements in the newspapers, such as Du Barry's method of curing 50,000 cases without any medicine at all, and we could not but feel sorry that any individual should take such a step, when it did not at all refer to his arguments. This table is as follows (*Dr. Craig's Pamphlet*, p. 24):—

“PER CENT OF DEATHS IN ACUTE DISEASES.

<i>Disease.</i>	<i>Homœopathic.</i>	<i>Allopathic.</i>
Inflammation of the Lungs - - -	5.7	24
Pleurisy - - - - -	3.	13
Inflammation of the Bowels - - -	4.	13
Dysentery - - - - -	3.	22
Typhus (Abdominal) - - - - -	15.	19
All diseases - - - - -	5.8	12.4”

We may look upon this table as a fair specimen of the way in which the public has been misled for some years; and we will now endeavour to throw some light on its fallacy.*

We consider this and other tables published by homœopaths, with the view of throwing discredit on the regular practice of medicine by surgeons and physicians, are highly discreditable, and ought to be disowned by the more honourable of this sect. How can their tables be true, even without any more evidence of their fallacy, than the following, respecting small-pox? Perhaps few diseases have ever been so fatal as this disease before vaccination was discovered. We may consider that almost every case was a dangerous one; and yet out of every hundred cases within the past century, 80 would, on an average recover. The following table will show this:—

Observer.	Place of Observation.	Per centage of Deaths.	Years.
Haygarth - - -	London - - -	16 - - -	1759—1768
Watt - - -	Glasgow - - -	16.82 - - -	1783—1800
Dobson - - -	Liverpool - - -	18 - - -	1772—1774
Percival - - -	Manchester - - -	15 - - -	1769—1774
Nettleton - - -	Eleven Towns in Yorkshire - - -	19 - - -	
Jurin - - -		18 - - -	
Heberden - - -	London - - -	8½-9 - - -	

(*Edin. Monthly Journal*, Feb., 1860, p. 713).

We thus find that, in a disease of the most fatal description, less than 20 per cent. died in large towns; and at one period, calculated by Dr. Heberden, less than 10 per cent. So that if every one were attacked by small-pox instead of the common diseases of mankind,

* In the compiling of this pamphlet we are indebted chiefly to Dr. Routh's work on the “Fallacies of Homœopathy”; Dr. Simpson's work on “Homœopathy”; Mr. Thomson on the “Statistics of Hospitals”; Dr. W. T. Gairdner's papers on “Homœopathy”; and Dr. John Taylor's “Cholera Report”; and various journals, all of which we have endeavoured to acknowledge in due form and place.

more would recover than what the homœopaths state as the recoveries by means of regular practitioners! This is so ridiculous, that it throws discredit on all their other statements.

After reading a good deal about the statistics of diseases, treated both by regular physicians and surgeons, and by homœopathic practitioners, we come to the conclusion that simple *numbers* of cures of cases are no criterion whatever of success in practice. We could prove that one physician who lost twenty-five cases out of every hundred which applied to him, was much more successful than another who lost only six. This can be easily shown to be possible. For example, one physician, celebrated in his town and neighbourhood, has passed a long career of professional success—a hundred patients apply to him, all *very severe cases, most of them likely to die*, and yet he is the means of curing 75 out of these severe cases. His death-rate in fact is 25 per cent. His apparent large death-rate is in fact owing to his severe cases, and to his celebrity and success. Another physician, known only in his own street or little neighbourhood, has likewise his hundred cases which apply to him in the course of a year. These are all mild cases. They may have the same *names* as the severe cases of the other physician, such as pneumonia, bronchitis, &c., but there was no likelihood, if proper treatment had been adopted, that *any* would die, and yet six out of the hundred die. The first physician, therefore, saves 75 bad cases out of his 100. The second physician loses 6 cases, when, in fact, he ought to have lost none: he not only did not save a single bad case, but he lost 6 cases, which, in all probability, the first physician would have saved—so that the first physician, losing 25 per cent., was much more successful than the second, who lost only 6 per cent. Mere *numbers*, therefore, can never prove success in practice.

This remark is applicable both to individual physicians and to hospitals. Success is proved by curing bad cases, and not those which would generally cure themselves in time. In calculating the death-rate in large metropolitan hospitals like Guy's, St. Thomas's, and Bartholomew's, in London, and the vast hospitals of Vienna and Paris, it ought to be remembered that they are often like immense poor-houses—the receptacles of aged and infirm persons, and most incurable cases. The splendid revenues of the London hospitals are well spent in thus relieving the worst cases which can afflict mankind. The hospitals of the Continent are generally paid by the state in which they are situated. The *beds* provided for the sick and aged alone, in Paris, for this year (1860) are as follow:—

For the sick	...	...	...	...	7,172
For the infirm and old	...	...	...	...	7,838

15,010

When we think that in Paris alone above fifteen thousand beds are prepared this year for the sick and aged, we may easily imagine that

in such a population a large death-rate may take place without any reflection on the skill and humanity of about 235 physicians and surgeons who are employed. (*Med. Times and Gaz.*, March 10, 1860, p. 238.) Now we think that we shall be able to prove that the cases admitted into the hospitals of large cities as London, Paris, Vienna, &c., are much more severe than those admitted into homœopathic hospitals, and yet, taking the cases altogether, that the death-rate is remarkably low. Our object, however, in these pages, is not so much to prove the success of regular practitioners of medicine as the fallacy of homœopathic statistics. When we find homœopaths publishing their statistical tables, and circulating them through the country in a boastful spirit, depending simply on numbers, and not on the severity of the cases, we might feel disposed to turn to the columns of the newspaper where Morison and such like men advertise their cures, to see if these said homœopathic tables are not advertised. We find them not there, but in small pamphlets, or at the end of a pamphlet, placed in such a position that they appear to great advantage when compared with the tables published by large hospitals. Such a proceeding, however, is neither honourable nor dignified. It appears too much like quackery to meet with the approval of right-judging men.

We propose to show from tables to which the reader can refer for himself:—

1st. That hospitals of large cities, as London, Paris, Vienna, &c., have a large mortality, some more, some less, and variable from year to year, *owing to the great severity of the diseases admitted*.

2nd. That homœopathic hospitals admit a large proportion of mild cases, such as would never be admitted into regular hospitals, and yet have a large death-rate, amounting almost to the death-rate of the large hospitals of London, and a much larger death-rate than such cases ought to show.

3rd. That the provincial hospitals of England, including all kinds of cases, accidents of all kinds, and surgical operations, have a much smaller death-rate than can be shown by homœopathic hospitals.

4th. That the army and navy reports (the most correct that can be given) show a *much less* death-rate than homœopathic hospitals.

5th. That homœopathic statistics, even with respect to numbers, are not to be trusted, as some are known to have been *cooked*, and are here referred to in proof of this accusation.

In some of the calculations the numbers vary in the same hospital, and may thus seem to be contradictory, but this will be owing to the death-rate belonging to different years.

First, then, we admit that in the larger hospitals of London, Paris, Vienna, and other large cities, the death-rate is larger than in homœopathic hospitals, yet this is no proof of the success of homœopathic treatment, but only shows the severity of the diseases admitted.

There is no single individual in this country more esteemed and beloved than Miss Nightingale. What does she say on this subject in her book just published? *

"No one, I think, who brings ordinary powers of observation to bear on the sick and maimed can fail to observe a remarkable difference in the aspect of cases, in their duration and in their termination in different hospitals. To the superficial observer there are two things only apparent—the disease and the remedial treatment, medical or surgical. It requires a considerable amount of experience, in hospitals of various constructions and varied administrations, to go beyond this, and to be able to perceive that conditions arising out of these have a very powerful effect indeed upon the ultimate issue of cases which pass through the wards.

"It is sometimes asserted that there is no such striking difference in the mortality of different hospitals as one would be led to infer from their great apparent difference in sanitary condition. There is, undoubtedly, some difficulty in arriving at correct statistical comparison to exhibit this. For, in the first place, different hospitals receive very different proportions of the same class of diseases. The ages in one hospital may differ considerably from the ages in another. And the state of the cases on admission may differ very much in each hospital. These elements, no doubt, affect considerably the results of treatment, altogether apart from the sanitary state of hospitals.

"In the next place, accurate hospital statistics are much more rare than is generally imagined, and at the best they only give the mortality which has taken place *in* the hospitals, and take no cognisance of those cases which are discharged in a hopeless condition, to a much greater extent from some hospitals than from others.

"We have known incurable cases discharged from one hospital, to which the deaths ought to have been accounted, and received into another hospital, to die there in a day or two after admission.

"Again, the sanitary state of any hospital ought not to be inferred solely from the greater or less mortality. If the function of a hospital were to kill the sick, statistical comparisons of this nature would be admissible. As, however, its proper function is to restore the sick to health as speedily as possible, the elements which really give information as to whether this is done or not, are those which show the proportion of sick restored to health, and the average time which has been required for this object; a hospital which restored all its sick to health after an average of six months' treatment, could not be considered as by any means so healthy as a hospital which returned all its sick recovered in as many weeks. The proportion of recoveries, the proportion of deaths, and the average time in hospital, must all be taken into account in discussions of this nature, as well as the character of the cases and the proportion of different ages among the sick.

* "Notes on Hospitals," &c.

“Hospital mortality statistics give little information on the point, because there are elements in existence of which such statistics take no cognisance. In one set of metropolitan hospitals, for example, I find the mortality about two and a half per cent. upon the cases treated, while in other metropolitan hospitals the deaths reach from about twelve to sixteen per cent. To judge by the mortality in these cases would be most fallacious. Because in the first class of hospitals every ailment, however slight, constitutes a title to hospital admission, while, in the latter class of hospitals, special diseases only, at all times accompanied by a high rate of mortality, are admitted. Hence the duration of the cases admitted, and the general course and aspect of disease, afford important criteria whereby to judge of the healthiness or unhealthiness of any hospital in addition to that afforded by the mortality statistics.” (*Edinburgh Med. Journal*, Nov. 1859, p. 451.)

In another part of her book Miss Nightingale says:—

“I have heard a doctor condemned whose patient did not, alas ! recover, because another doctor’s patient, of *different sex*, of a *different* age, recovered from a *different* disease in a *different* place. Yes ; this is really true. If people who make these comparisons did but know (only they do not care to know) the care and preciseness with which such comparisons require to be made (and are made) in order to be of any value whatever, they would spare their tongues. In comparing the deaths of one hospital with those of another, any statistics are justly considered absolutely valueless which do not give the ages, the sexes, and the diseases of all the cases. It does not seem necessary to mention this. It does not seem necessary to say that there can be no comparison between old men with dropsies and young women with consumptions. Yet the cleverest men and the cleverest women are often heard making such comparisons, ignoring entirely sex, age, disease, place ; in fact, all the conditions essential to the question. It is the merest *gossip*.”

In another place this eminent lady gives her opinion of homœopathy in the following words :—

“Homœopathy has introduced one essential amelioration in the practice of physic by amateur females ; for its rules are excellent, its physicking comparatively harmless—the ‘globule’ is the one grain of folly which appears to be necessary to make any good thing acceptable. Let then women, if they will give medicine, give homœopathic medicine. It won’t do any harm.” (*Edinburgh Med. Journal*, March 1860, p. 847.)

These remarks of Miss Nightingale fully bear out what we have been stating, and show the utter fallacy of mere numerical statistics as proving success in treatment.

The opinion of Dr. W. Stone, medical registrar of St. Thomas’s Hospital, is much to the same effect. Dr. Stone says :—“Thus it comes

about, that wherever a Hospital is in the greatest demand, its occupants will be the most dangerously ill, and its death-rate the highest proportionally to its admissions. A hospital death-rate is thus not a measure of the cures performed, or of its internal healthiness, so much as of the number and intensity of cases of serious disease in its district, and of the general anxiety among the lower classes to avail themselves of its benefits. It is physically what the House of Correction is morally—the ‘*sentina reipublicæ*,’—and in the present state of society, the more foul its contents, the more efficiently is it doing its duty.

“Indeed, largeness of death-rate, so far from being a sign of defective administration, or of bad sanitary condition in a hospital, on the medical side at least, is of quite an opposite import. This is exemplified in St. Thomas’ by what are called the Clinical Wards, to which are brought at all hours, cases marked by the greatest urgency, requiring the closest attention, and affording the best school of instruction for the pupils. The death-rate in these wards is high, although it is obvious that in them more critical points of practice occur, and more real cures are brought about than can be attained in wards full of chronic disease, where the death-rate is much lower. But a far stronger evidence is found in the examination of death-rates in specific diseases. For this purpose a few have been selected from the Report for the year 1858, which I have recently had the honour of presenting to the hospital authorities, and in which every case has been verified by personal observation of the reporter, independent and corroborative of the diagnosis appended to the bed-ticket.

“From this it appears that the death-rate of typhus fever was 18·1 per cent.; in typhoid, 20·0 per cent.; in delirium tremens, 17·3 per cent.; in pneumonia, 17·0 per cent.; in diarrhœa, 16·0 per cent.; in erysipelas, 7·0 per cent.; and in poisoning cases, accidental or suicidal, 17·6 per cent. All these death-rates are very high, indeed; yet no person of any experience can deny that these are, of all others, types of disease which benefit by the accurate diagnosis, bold medication, liberal dietary, abundant stimulants, and careful nursing of a hospital. Probably the chief medical triumphs of the year will be found among the cited instances; undoubtedly more lives have really been saved among these patients than among any other equal number. And yet the death-rates are some of the very highest of any on the register.

“This seems to complete the appeal from blind figures to discriminating intellect. Abstract death-rate is evidently no fair method of testing the sanitary condition of a hospital, whatever be its value in estimating the healthiness of a district. And it is always to be regretted that fallacious reasoning should be put forward in defence of an object which actually stands on more solid grounds and offers some real advantages.” (*Med. Times and Gazette*, Nov. 12, 1859, p. 490.)

The death-rate in these large hospitals, therefore, ought to be judged according to the *severity*, and not the *numbers*, of the cases. If you wish to judge by numbers only you ought to include the milder *out-patients*, and this would reduce the death-rate to a remarkably low figure. Thus in the Leeds Infirmary, the death-rate on all cases admitted since 1767, is only about 3·2 per cent, and in the Leeds Dispensary, 4·02.

Take also the statistics of Guy's Hospital for any one year, that for 1854, for example, which is now before us. We find the following numbers referring to in-patients.

Rate of mortality over all the cases (during the year), 8·8 per cent., including both surgical and medical.

Rate of mortality in medical cases, 5·9.—(But this is wonderfully reduced when we add the 8350 milder out-patients.)

The number admitted in 1854, were In-Patients . . .	5089
Out-Patients . . .	8350

Total	13,439
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Of these nearly all the in-patients would be severe, at least the severe cases are picked out for admission, and the milder are admitted as out-patients. Taking both together we make the death-rate to be only 3·9 per cent.—not even calculating 21,710 cases of a more casual and slight description, which were attended to. Now when we see that out of 13,439 cases admitted into Guy's Hospital, or attended to as out-patients, and including the worst cases that can be found anywhere, only about 3·9 per cent. could be registered as having died, we are struck with the success of modern medical and surgical practice! It will be seen how nearly the success of Guy's hospital and the Leeds Infirmary correspond, when we take all the cases together. But as it can be shown that the cases admitted into regular hospitals are the *worst cases* that can be picked out from the masses which apply, so we think that it can be shown that the cases admitted into homœopathic hospitals are the *mildest* that can be selected, and yet that the death-rate is very high for such cases. It is shown in a paper by Mr. J. Thomson, on the Statistics of Civil Hospitals, that the average mortality of 30 provincial hospitals in England is 4·46 per cent, while 14 hospitals of London average 7·79 per cent.; and some, such as Addenbrook's hospital, Cambridge, has a mortality of only 2·4 per cent., and Exeter 3·2. A great deal therefore depends on the *kind* of cases and not on the number admitted. The table on the opposite page, by Mr. Thomson, will explain this point.

This table embraces a long period, and confirms the opinion that statistics of hospitals must ever vary from year to year, according to the nature of the cases. It shows, however, that considering the reception of all kinds of cases, and exclusive of all out-patients, the mortality is very low. If the milder out-patients had been included, we believe the death-rate would be extremely low.

TABLE showing the number of patients treated, the deaths, and ratio of mortality in the following fourteen Hospitals, at different periods, from data compiled from the British Medical Almanac and Dr. Hawkins' Statistics. (*Edin. Med. and Surg. Journal*, 1843, p. 355.)

Hospitals.	Periods.	First.				Periods.	Second.			
		Years.	Treated	Died	Mortal. pr.cent.		Years.	Treated	Died	Mortal. pr.cent.
Chester General Infirmary .	1826 to 1835	10	5331	220	4.1	1839 to 1841	2	1214	88	7.2
Royal Infirmary, Manchester,	1752 1836	84	74360	3876	5.2	1836 1837	1	1890	208	11.0
Kent & Canterbury Infirmary,	1793 1826	34	15697	655	4.1	1827 1836	10	4239	198	4.6
St. Bartholomew's Hos. London	1790 1819	30	10186	903	8.8	1830 1834	5	4748	378	7.9
St. George's Hospital, . .	1830 1834	5	9500	1075	11.3	1835 1835	1	2192	226	10.3
London Hospital,	1828 1833	6	13870	1622	11.6	1835 to 1836	1	2517	260	10.3
Westminster Hospital . .	1833 1835	3	2535	260	10.2	1835 1836	1	992	100	10.0
St. Thomas's Hospital, . .	1764 1813	50	—	—	6.6	1835 1836	1	3000	261	8.7
Exeter Hospital,	1826 1835	10	10145	326	3.2	1835 1836	1	1069	35	3.2
Bristol Infirmary,	1826 1835	10	15805	1325	8.3	1828 1836	1	1689	160	9.4
Gloucester Infirmary, . . .	1829 1835	7	4253	241	5.6	1835 to 1836	1	646	33	5.1
Bath United Hospital, . . .	1827 1827	1	551	30	5.4	1835 1835	1	814	47	5.7
Lincoln Hospital,	1826 to 1835	10	2762	133	4.8	1836 to 1837	1	*320	14	.4
Addenbrook's Hos., Cambridge	1826 1835	10	6414	157	2.4	1832 1833	1	620	17	.7
Total			171409	10823	6.31			25950	2025	7.79

* Out and in patients.

The following table of *Continental Hospitals*, compiled from Dr. Hawkins' 'Elements of Medical Statistics,' (*Edin. Med. Journal*, 1843, p. 356), shows the number of patients treated, the deaths, and ratio of mortality per cent. in the following twenty-six hospitals:—

Hospitals.	Periods.	Years.	Treated.	Died.	Prop. deaths to the number treated.	Ratio Mortality per cent.
Hotel Dieu, Paris,.....	1770 to 1780	10	....	..	1 in 4	25.00
Do.	1822	1	....	..	7	14.25
The Hospitals of Paris,	1822	1	47393	..	8	12.50
Hospitals at Lyons.	1822	1	....	..	11	9.09
Hospital at Montpellier,	1822	1	....	..	10	10.00
The General Hospital, the Charite at Berlin,.....	1796 to 1817	20	....	..	9	16.66
The Great Hospital at Vienna, (2000 beds),.....	1824	1	....	..	6	16.66
Civil Hospital, Pesth,	1826	1	....	..	6	16.66
City Hospital at Dresden,	1816	1	....	..	7	14.25
Hospital at Munich,	1819	1	3500	..	9	11.11
Hospital at Heidelberg,	1825	1	285	..	21	4.76
Imperial Hospital at Petersburg, Do.	1803 to 1817	14	....	..	4.5	22.22
	1816	1	2043	461	4.4	22.56
The Cantonal Hosp. Pays de Vaud	1825	1	344	16	21	4.68
St Pierre at Brussels,	1823	1	....	..	9	11.11
St Pieter's Gasthuis at Amsterdam	1798 to 1817	20	....	..	8	12.50
General Hospital at Genoa,	1821	1	1 dth. in 6	reco	veries.	..
St Giovanni at Turin,	1821	1	1 dth. in 7	reco	veries.	..
The Great Hospital at Milan,	1823	1	13278	1901	7	14.31
San Matteo della Pietà, at Pavia,	1823	1	5287	..	10.5	9.52
Hospital at Padua,	1820 to 1821	1	149	10	15	6.66
— at Bologna,.....	1816 1819	3	453	35	13	7.73
— at Leghorn,	1818 1825	7	....	..	7½	13.69
— at Palermo,	1823	1	4221	515	8	12.25
The two principal Hospitals at Madrid,	1814	1	15230	1187	13	7.80
Do.	1818	1	14500	1283	11	8.85
Hospital at Valencia,	1786	1	4800	639	7½	13.31
The Hospital Santa Cruz, Barcelona,	1821 and 1822	2	8205	1293	6½	15.75

To show how variable may be the death-rate in hospitals, compare the above with Dr. Routh's table. (*Fallacies of Homœopathy*, p. 85.)

Year.	Place.	Admissions.	Deaths.	Mortality per cent.
1828-31	Limberg:—All Diseases.			
34-35	General Hospital	...	...	2 to 3
1838-39...	Göttingen Poliklinik	...	...	2 to 3
1837-38...	Stuttgart Catherinen	...	...	3 to 4
	Military:—			
1850	Grenadier Guards	1,320	29	2.02
	Coldstream Guards	878	17	1.09
	Scots Fusileer Guards	602	11	1.08
	Royal Ordnance	4,977	38	0.76
	Dreadnought Ship	2,121	78	3.68

Year.	Place.	Admissions.	Deaths.	Mortality per cent.
France :—All Diseases.				
1837-46...	Hôtel Dieu	... 11,130	...	8·06
	Annexe Hôtel Dieu	... 5,914	...	7·06
	Pitié ...	... 10,427	...	7·01
	Charité ...	... 8,010	...	6·08
	St. Antoine ...	... 3,469	...	8·00
	Necker ...	... 4,769	...	8·03
	Cochin ...	... 1,982	...	8·04
	Beaujon ...	... 4,310	...	9·01
	Bon-Secours ...	... ..	...	5·05
1834-46...	St. Louis ...	... 8,240	...	4·06
	Enfans Malades	... 3,604	...	12·00
	Accouchemens	... 7,502	...	3·01
	Midi ...	... 3,730	...	3·05
	Lourcine ...	... 2,083	...	2·09
	Clinique ....	... 2,030	...	3·01

At one time, therefore, the death-rate in hospitals may be very large and at another time small, owing entirely to the nature of the cases. Now it appears at first sight that the death-rate in these hospitals is large, and especially in continental hospitals. But we maintain,

Secondly.—That the cases admitted into homœopathic hospitals are much milder than those admitted into regular hospitals, and yet have a larger death-rate than we find in English provincial hospitals.

If the reader will take the trouble to refer to an admirable letter of Dr. Gairdner's, in the Medical Times, for 1852, page 340, he will find this subject very candidly discussed. Dr. Gairdner takes the number of patients admitted into Fleischmann's hospital, Vienna, during 8 years, from 1835 to 1843, and compares these cases with nearly the same numbers admitted into the Edinburgh infirmary in 2 years, viz., 1842-3. In the Vienna hospital were admitted 6,501; of these 407 died, a mortality of 6·26 per cent.: while in the Edinburgh hospital 6,369 cases were admitted, and 758 died, the mortality being thus 11·9 per cent. How is this, it will be asked, that the Edinburgh hospital lost nearly double the number of cases? We will proceed to show the reason, and a more satisfactory one cannot be given, that mere *numbers* are fallacious. Out of six of the most fatal diseases which can attack the human body, let us compare those which were admitted into these two hospitals.

	Edinburgh.	Vienna Homœopathic.
Consumption - - -	276	98
Heart Disease (organic)	159	15
Bright's disease of Kidney	82	0 (!)
Paralysis - - - -	103	5
Apoplexy - - - -	14	9
Disease of Liver (organic)	33	1
	<hr/> 667	<hr/> 128

As Dr. Gairdner says, "all commentary upon this is unnecessary" !

"In order, however," says Dr. G., to make the conclusions which legitimately spring from this investigation more completely irresistible, I have had the curiosity to make a few further selections from the returns. I give below the remaining instances in which the Edinburgh proportion of cases materially exceeds the homœopathic. As if by magic, they turn out to be, with but two exceptions, the most intractable enemies with which the practitioner has to deal. They are as follows :

				Edinburgh.	Vienna Homœopathic.
Neuralgia	...	...	...	14	0
Internal Aneurism	...	...	...	18	1
Diabetes Mellitus	...	...	...	17	0
Amaurosis	...	...	...	15	0
Caries and Necrosis	...	...	...	57	5
Malignant Tumours	...	...	...	55	0
Other Tumours	...	...	...	36	0
Bronchitis (acute)	...	...	...	118	15
Rheumatism (acute and chronic)	...	...	...	343	188

"Of these last items, I have more to say immediately ; meantime, by way of contrast, and to show, if possible, still more conclusively the principle on which homœopathic cases are selected for treatment, I shall reverse the picture, and give a list of the diseases which predominate to a large extent in Fleischmann's hospital.

				Vienna Homœopathic.	Edinburgh.
Chlorosis and amenorrhœa	...	...	...	90	48
Cholera	...	...	...	24	2
Colic	...	...	...	45	10
Diarrhœa	...	...	...	114	28
Dysentery	...	...	...	44	16
Erysipelas and Erythema	...	...	...	212	82
Gout	...	...	...	140	0
Hæmoptysis	...	...	...	50	8
Headache	...	...	...	61	37
Herpes	...	...	...	20	1
Inflammation of brain	...	...	...	17	8
Endocarditis	...	...	...	29	(?)
Pneumonia	...	...	...	300	83
Pleuritis	...	...	...	224	32
Peritonitis	...	...	...	105	19
Sore throat	...	...	...	301	34
Influenza	...	...	...	52	0
Chicken Pox	...	...	...	110	2

"The predominance of influenza is evidently owing to the period embraced by the returns having included an epidemic visitation of this

disease. Possibly the number of cases of cholera, diarrhœa, and dysentery, (or what may have passed under the latter name,) and of erysipelas, may have a similar explanation. But what is the rest of this list, which forms the staple of the homœopathic experiment? Is it not composed, without an exception, of the *curable*, often of the *easily and constantly curable* diseases of the economy? Nay, is it not plain to the most ordinary allowance of common sense, that cases have been admitted by dozens, probably by hundreds, for no other purpose than to contribute to the success of the experiment, and to swell the triumph of homœopathy? I cannot imagine to what purpose else we have 300 cases of sore-throat, and 20 of herpes, diseases which are rarely, except in the most special cases, admitted into any of our great hospitals in this country, on account of the pressure of the more severe and fatal diseases to which, as shown above, our doors are thrown open, while our experimentalists turn their backs on them, or least give them the cold shoulder! To be sure they are ugly subjects for curative experiments, these same phthisical cases, and organic diseases of heart, liver, and kidney; and, whatever one may think of the honesty, no one can doubt, the prudence of giving the preference to sore-throats and shingles, as well as to catarrh, dyspepsia, colic, headache, and a host of the minor ills which will be found to be numerically strong in the returns.

“And now I assert, without fear of contradiction, that the homœopathic returns are not only void of triumph to the system, but that they cover it with disgrace. With such a selection of cases as I have shown above, I maintain they ought to have reduced their mortality to a far lower point than they have done. It is of no use to quote alleged cures of pneumonia or pleurisy, and to demand comparisons with ‘the best hospital physicians who use allopathic remedies.’ I think we are justified in believing that the cases of individual disease, like the general returns, are a sham and a fraud; and that the contrast between pneumonia at a homœopathic hospital, and pneumonia in the Edinburgh Infirmary, would be, if we could get to the root of the matter, as great as between the general lists in the one and the other hospital. Every one who has gone about the wards of an hospital in search of crepitant râles and dulness on percussion, knows that there is nothing so easy to find or so often cured as the slighter degrees of what may be technically called pneumonia; and as to pleuritis, if we may trust the evidence of *post-mortem* examination, its simpler forms must be of immense frequency; so that if our scrupulous experimentalists chose to place everthing which we commonly term rheumatic stitch under that convenient and formidable-looking designation, it would not be easy to prove them wrong. They have, however, betrayed themselves in one point;—in giving the cipher of 300 to pneumonia, and only 15 to the far more frequent disease, bronchitis, they have committed what, according to Napoleon, is ‘worse than a crime—a blunder;’ showing that it requires a more adroit management than

even that of our experimentalists, to manufacture statistics of plausible and serious aspect from the miniature types of disease by which they (very judiciously) think proper to test the efficacy of their system.

“I feel that it is useless to enter into further details as to this statistical fraud. It is, I hope, abundantly evident, that, even supposing the numbers to be correctly stated, and the docketing of the cases to have been free from objection, the character of them, as reported, is such as to imply selection; and, on the other hand, it is next to certain, that no dependence whatever can be placed on the statements of the reports, in regard to the nomenclature of diseases. We have, therefore, only to deal with the fact, that an hospital in which there is reason to think that the vast majority of the cases were of the most trivial description, has a mortality of 6·26 per cent.; and that the interested partizans of the system therein pursued, demand for this result the palm of an unquestionable superiority, or (in the words of one of their leaders), proclaim it ‘far beyond the reach of any other known method of treatment.’ To this it is enough to answer, that many hospitals in England have an average mortality much below that above mentioned; I have already instanced three of these, (Canterbury, 2·0 per cent.; Cambridge, 2·4; Exeter, 3·2.) I might add, that of eight district general hospitals in Scotland, noticed in the article by Mr. Thomson, already referred to, three have a smaller mortality than the homœopathic institution, viz., Dundee, 5·10 per cent.; Aberdeen, 4·66 per cent.; and Inverness, 4·36 per cent. All of these hospitals are, like that of Edinburgh, recipients of a considerable proportion of incurable cases, and I do not believe that any of them admit 5 per cent. of cases of cynanche tonsillaris. I am not so well acquainted with the class of cases admitted into English provincial hospitals; but in a list of thirty of these institutions in the paper above referred to (from materials in the *British Almanack* for 1836-7,) *there are only two whose mortality is not less than that of the Homœopathic Hospital of Vienna, and the average mortality of the whole thirty (4·46) is less by nearly a third.* So that the unprecedented success of homœopathic treatment is not only a very ordinary and moderate success as compared with hospitals in general, but as compared with hospitals of the size of Fleischmann’s (fifty beds) it would be found to be a positive failure; and doubly, trebly a failure, when we take into consideration all the facts revealed in the preceding part of this letter.

“Before concluding, I cannot resist alluding to one other subject,—I mean the proportion of cures. In the record of a death, it is impossible to show any bias, or in any way to deviate from accuracy without gross falsehood, with correspondingly great risk of detection. But, in the column of cures in this hospital may be read the character of the whole of its records. The alleged cures in the Vienna Homœopathic Hospital are 92 per cent. of the whole cases; and, as the deaths are

6·25 per cent., it follows that there is actually *scarcely any medium between death and cure* ! To any one who knows what hospital cases are, or should be, this simple statement proves rather more than was intended. Compare it with the returns of any hospital which has no system to support—I choose Dumfries, simply because its mortality is identical with that of Fleischmann's Hospital :—

		Cures per Cent.	Deaths per Cent.
Fleischmann's Hospital	...	92·	6·26
Dumfries	„ ...	76·02	6·26

“ Alas for the

‘ Vaulting ambition that o'erleaps itself,
And falls’

on the other side of truth and probability ! In straining every nerve after this ideal and fictitious ratio of cures, Dr. Fleischmann unluckily forgot the following ugly dilemma : If, from the excellence of his art, or any other cause, he was enabled to cure 16 per cent. more than Dumfries, why was his skill not equally effective in reducing the mortality ? There can be only two answers to this question, and we may give the homœopathists their choice of them. Either the cases were really curable in enormous proportion, and the homœopathic art is responsible for a mortality which may be considered, under these circumstances, quite appalling ; or the alleged cures are a mockery and a delusion, inconsistent with nature and fact, and cunningly dressed up for the indiscriminating wonder of the multitude. To apply an uncharitable judgment of Dr. Fleischmann's to his own case, ‘ *Curantur in libris—moriuntur in lectis.*’

“ And now I leave the question of the results of homœopathic hospital treatment, without hesitation, to the judgment of ‘common sense.’ I only stipulate that ‘common sense’ will take the trouble to make herself acquainted with the facts of the case as stated and analysed above, and will protect and arm herself against sophistry and disingenuousness by an alliance with another equally useful personage, ‘common honesty.’” (*Med. Times and Gazette*, vol. 25, 1852, p. 342.)

These statistics of Dr. Gairdner were called in question by some homœopathic writers, owing to some slight mistake. But we cannot find that Dr. Gairdner's argument is at all weakened, but rather strengthened. In another letter, entitled, “Further Remarks on Homœopathic Hospitals, being a Second Sequel to the Edinburgh Essay on Homœopathy,” Dr. Gairdner very candidly corrects his clerical mistake ; but, in doing so, he seems to us to have added increased force to his statistics. He says :—

“The number of cases of catarrhal disease in Fleischmann's Hospital is by no means easily discovered from the returns. For, in the first place, ‘Acute Bronchitis’ is separately stated from ‘Catarrh ;’ then, ‘Influenza’ is distinguished from Bronchitis ; and ‘Catarrhal Fever’ from both. Besides these, there are ‘Coughs’ of every variety, without the least indication whether they are catarrhal or not ; and a

number of other even less definite items bearing on disease of the lungs ; the whole of which, to prevent cavil, I transcribe below :

Catarrh	44 cases	Croup	1 case
Acute Bronchitis ...	15 „	Emphysema of Lungs ...	2 cases
Influenza	52 „	Hæmoptysis	50 „
Catarrhal Fever	175 „	Hydrothorax	7 „
Cough (chronic)	130 „	Œdema of Lungs	14 „
Cough (spasmodic) ...	18 „	Spasms of the chest ...	3 „
Cough (not otherwise defined)	9 „	Ulcer of Lungs	44 „
Asthma	2 „		

“The above cases include *every instance* of pulmonary disease, or anything resembling pulmonary disease, excepting those hitherto accounted for, that can be fished up out of Fleischmann’s grand total of 6551 cases, as I find them displayed at length in a table in Drs. Drysdale and Russell’s book on Homœopathy. The homœopathic reviewer insists upon it that I shall receive the whole of the cases under the first seven headings above as being equivalent to ‘Catarrh;’ he accordingly adds them up, and finds, with perfect accuracy, a total of 443. I might very well take him at his word, and show that he does not thereby get rid of the anomaly which discredits the homœopathic statistics. For while catarrh in the General Hospital of Vienna *outnumbers pleurisy and pneumonia, taken together, more than two-fold*; in the Homœopathic Institution there are only, by the calculation even of the reviewer, extreme as it is, 443 catarrhs to 524 cases of pleurisy and pneumonia. A more signal proof of the correctness of my position, when tried by the severest test which can be applied to it, I could not wish to have. But since the whole returns are now in my hands, I shall not let off my opponents so easily; but shall place them in a far more conclusively ugly situation than they have yet occupied, in their defence of these most indefensible and untruthful documents. To this end, I shall leave all the details with which we have hitherto been engaged, to shift for themselves. What ‘Catarrhal Fever’ may be, as distinct both from ‘Influenza’ and ‘Catarrh,’ I shall not undertake to decide; neither shall I venture to guess how many or how few of the cases of ‘Cough’ may be legitimately brought under the general designation of Catarrh. Perhaps it would be still more difficult to separate the cases of ‘Chronic Cough’ from those of ‘Phthisis,’ to which, no doubt, the former heading ought to contribute a considerable proportion. It is at least evident that the real number of catarrhs in Fleischmann’s returns is not to be fixed without cavil or objection on one side or other. I shall not, therefore, attempt to fix it at all, but adopt a different way of testing the question at issue.

“The reader will, I trust, recollect that the question raised by me was simply this—Do the returns justify the belief that the homœopathic cases of pneumonia and pleurisy were genuine cases; *i.e.*, like

in kind and in degree to cases of pneumonia and pleurisy as observed in other hospitals? For, unless the cases be genuine and unquestionable, of course the alleged cures cannot be accepted as *real cures of the diseases alleged*,—viz., of *Pneumonia and Pleurisy*. And observe, it is the homœopathists, and not their opponents, who in fact have brought about this issue, by putting forward their cures of these two formidable diseases as a great and unanswerable proof of the superiority of their system of treatment.

“Now let the reader observe carefully the principle on which the following comparison is founded. I apprehend that it completely removes all possibility of cavil, and goes at once to the very root of the matter.

“I propose to show, that in the homœopathic statistics cases of pneumonia and pleurisy abound to a degree quite incredible, and quite inconsistent with the experience of others—even in Vienna itself;—that while in ordinary hospital practice, pneumonia and pleurisy form a small minority of the cases of pulmonary disease, in the homœopathic hospital they immensely outnumber their due proportion. This will appear quite clear from the following statements.

“In the Vienna General Hospital, the diseases of the lungs and air-passages are comprised generally under five heads—Catarrhs, Emphysema, Pleurisy, Pneumonia, Tuberculosis of lungs. Dividing these diseases into two classes, of which pleurisy and pneumonia form one, and all remaining diseases the other, we arrive at the following statistical result:—

Pleurisy and Pneumonia	-	-	-	-	1036 cases
Catarrhs, Emphysema, and Tubercle of Lungs					3462 „

In other words, the sum of pleurisy and pneumonia, in the Vienna General Hospital, amounts to *less than one-third* of the remaining diseases of the lungs and air-passages; these diseases comprising catarrhs and emphysema, with tubercular affections of the lung.

“To compare this result with that of Fleischmann’s statistics, it will be necessary to add together the diseases separately stated above. They amount, as the reader may easily find for himself, to 566 cases of miscellaneous disease, under a great variety of titles; but including all cases resembling, however remotely, those stated in the Vienna General Hospital List under catarrh and emphysema; including also probably a proportion of the tubercular cases. If the sum of the latter be now completed by adding the 98 cases given under a separate heading, as ‘Phthisis,’ we shall have, beyond doubt, a list of all the pulmonary diseases in Fleischmann’s returns, exclusive of pneumonia and pleurisy; and however little justice I may have done to my own side of the argument in this calculation, I defy the most dexterous manipulator of figures to show that the opposite side has not received the most ample consideration. What is the result?

“In the Homœopathic Hospital of Vienna, according to the preceding mode of calculation, we have

Pleurisy and Pneumonia, - - - -	524 cases
Catarrhs, Emphysema, Asthma, Phthisis, Hæmoptysis, Ulcer of lungs, Œdema of Lungs, Coughs, &c., &c., - - - -	644 „

So that while in the Vienna General Hospital the proportion of pleurisy and pneumonia to the remaining diseases of the lungs and air-passages is *less than one-third*; in the homœopathic hospital it amounts to *more than five-sixths*!

“To complete this view of the matter, I will shortly refer to the published statistics of the Edinburgh Royal Infirmary, during the years 1842–3, as drawn up by Dr. Peacock, and employed by me on a former occasion to test the homœopathic data. In these years I find that there were admitted—

Pleurisy and Pneumonia, - - - -	122 cases
Other diseases of the lungs and air-passages, - - - -	643 „

In other words, the cases of pleurisy and pneumonia conjointly amount to a considerably smaller proportion than in the Vienna General Hospital; or *rather less than one-fifth* of the remaining diseases.

“And to show that this is not the accident of an epidemic season, I may refer to the last Report of the Vienna General Hospital, which I received only a few days ago. By consulting a chart at the beginning of that report, I find that pneumonia has on the whole rather declined in frequency since 1852; but that it has maintained a tolerably equable level during the years 1853 to 1855; over the last of which the report extends in detail. During the year 1855 we have

Pneumonia and Pleurisy, - - - -	1064 cases
Other diseases of the lungs and air-passages, - - - -	3498 „

In other words, the proportion of pneumonia and pleurisy to the other diseases mentioned amounts, as before, to *somewhat less than one-third*.” (*Dr. Gairdner on Homœopathic Hospitals, 2nd Sequel.*)

Dr. Gairdner thus shows that in the Vienna Homœopathic Hospital a much larger number of cases were admitted which were *called* pleurisy and pneumonia than are usually admitted into other hospitals, and more than on any average of cases ought to have been admitted, unless cases were *called* so which were not in reality such as we should term pneumonia and pleuritis.

From these facts we think every candid individual will see that the homœopathic cases are of the mildest description, such as 300 cases of sore throat, 114 cases of diarrhoea, 212 cases of erysipelas and erythema, 140 cases of gout, 61 cases of headache, and 110 cases of chicken-pox, all of which are generally easily and rapidly cured.

What physician would ever think of admitting 110 cases of chicken-pox, or 300 cases of sore throat into an hospital? The reader will also see that the cases in the Edinburgh Hospital were of a much more severe character, attacking the lungs, heart, kidney, liver, and brain. Numbers, therefore, are comparatively useless in calculating success in treatment; and yet even in the death-rate of regular hospitals Mr. Thomson and Dr. Gairdner have shown that, notwithstanding this difference in the *severity* of the cases, many of them, especially provincial hospitals and the army and navy hospitals, show a much less percentage of deaths than can be found in homœopathic hospitals.

But what will be thought of the boasting statistics of homœopaths, if it can be shown that their cases, although so much milder, were *much longer in recovery* than in regular hospitals? It will be very sad indeed if we can show these three things—That they have more deaths (except in the large hospitals of London, Paris, Vienna, &c.); That their cases are much milder; and, That those which do recover are much longer about it than in regular hospitals! We have already shown that in the Leeds Infirmary, the Leeds Dispensary, and 30 provincial hospitals, the deaths are much fewer than in homœopathic hospitals; and that in the hospitals of large cities the high death-rate is quite consonant with great success in treatment, considering the danger of the cases; and even in those large hospitals, as in Guy's, if we include the milder out-patients the death-rate is reduced to little more than 3 or 4 out of every hundred patients who are attended to, not including the casual and unimportant cases. But we think that it can also be shown that homœopathic cases are much longer in recovering than those under regular medical treatment. The following table of Dr. Routh greatly strengthens this opinion, although we by no means look upon it as proved. It would be difficult to prove such

	Treatment before Convalescence	Residence in Hospital after	Total days Residence in Hospital.
Cases treated also Allopathically...	10·1 days	7·0 days	17·1 days
Ditto exclusively Homœopa- thically	14·0	15·1 „	29·1 „
Ditto Allopathically, admitted in 1st stage	9·0 „	4·0 „	13·0 „
Ditto Allopathically, admitted in 2nd stage	10·5 „	6·5 „	17·0 „
Ditto exclusively Homœopa- thically, 1st stage	20·5 „	11·5 „	32·0 „
Ditto exclusively Homœopathi- cally, scarcely 2nd stage ...	7·0 „	17·8 „	24·8 „
Ditto exclusively Homœopa- thically, 2nd stage	13·2 „	17·0 „	30·2 „

an opinion unless a regular physician and a homœopath had each cases *exactly alike*: but as we know that medical cases, like human faces, may bear a *general* resemblance yet never an *exact* one, so it would be impossible to *prove* that the homœopath was longer about his cures. This table at any rate casts a *suspicion* over the homœopathic practice. Dr. Routh says:—"The very imperfect action of the homœopathic treatment is apparent from this table, setting forth the duration of the pneumonia and residence in the hospital after convalescence. So far then, as an analysis founded on so few cases is to be depended upon, it is unfavourable to homœopathy. Even in the bad pneumonia cases in the Glasgow Infirmary the average residence was only 20 days, occasionally as high as 26 during the epidemic fever of 1847."

This opinion is confirmed by Dr. Lee whom we quoted at the end of our Pamphlet No. 2, p. 40, and whose words we will repeat here. He says:—"In looking over the history of several of the cases treated at the London Homœopathic Institution, I found, what might be anticipated, that they were very analogous to the above, viz., the ordinary slighter ailments usually met with in dispensary practice, which seldom require a long treatment, though most of the cases reported in the Homœopathic Annals required two, three, or four months' attendance before the patients were dismissed. Again, we have had, I think, sufficient proof that disorders and diseases are of much longer duration under the homœopathic than under appropriate allopathic treatment, and also, that in acute and serious diseases the mortality of patients homœopathically treated greatly exceeds that of those treated by the ordinary appropriate means."

Dr. Balfour also, who witnessed the Homœopathic Practice in Vienna, says: "Of comparatively trifling cases, many remain for weeks, nay, months, in (Fleischmann's) hospital; while more acute or more interesting cases are hurried out too often with the cure incomplete. . . . Some of the following cases will be found to have been discharged too early, to enable us to be positive as to the ultimate result. . . . I have seen one patient refused admittance, and that, too, the very day after his discharge, without any very good obvious reason. It was a boy, with effusion into the right pleura, following scarlatina, which he had gone through at home. There was also a general anasarca state of the body, which speedily disappeared, but the chief complaint remained obstinate; and, after thirty-three days' treatment with bryonia, the 2d dilution, four times daily, he was dismissed but slightly improved. This boy was denied admission, when he applied the following day on account of return of pain in the chest,—not certainly for want of room, as his bed was empty for days afterwards. This is not the only effusion into the chest which has been dismissed unimproved during the period of my observations; yet this scarcely agrees with Fleischmann's returns, as, out of twelve with exudation in the pleura,

occurring during ten years, he has, he says, *cured* all but three, who died. And a physician of the General (Allopathic) hospital has assured me, that many such cases, dismissed by Dr. Fleischmann, and subsequently refused admission, have applied to him for relief." (*Dr. Simpson, p. 109*).

It is candid of some of the homœopaths to acknowledge their faults. It is the first step towards a recantation of their errors. Dr. Herring, one of the leading globulists of Philadelphia, in the August number of the 'American Homœopathic Review,' observes, "We take as granted and admitted by the majority of the leading men as an uniform observation made in Germany, as well as in France and England, and here long ago, that in general the success of the homœopaths in our day is inferior to that of the earlier homœopathic practitioners." And on the authority of the 'Lancet,' a "leading homœopath" confesses "we all know that the numbers in our homœopathic ranks are not lessening; but it is the general observation that the number is, year after increasing, who, instead of deriving benefit from homœopathy, are made incurable by so-called homœopathic practitioners." (*Lancet, Dec. 3, 1859, p. 570*). We do not see how this can be otherwise. If the homœopathic practitioner gives infinitesimal doses of medicine, such as the billionth of a drop; or, if he faithfully adopt the homœopathic principle and set up in the sick patient an artificial disease to counteract by its power the real disease: in the first case he leaves the patient to the unaided power of Nature—in fact, does nothing at all; and, in the second case he pretends to generate a disease which must be a little stronger than the original one in order to overcome it, and which he does not know the end of. It is gratifying to learn that the more sensible followers of this delusion are beginning to find out their mistakes.

Thirdly.—It is quite evident that almost all the Provincial Hospitals of England and Scotland show a much less death-rate than the Homœopathic Hospitals, and yet admit more dangerous cases,—accidents and surgical operations of all kinds assisting to swell the death-rate. What petty insignificant homœopathic hospital, or the humble homœopathic dispensaries in Leeds, and other large provincial towns, can be compared, for example, with the Leeds Infirmary and the Leeds Dispensary? Let any candid person who *sees* the *outside* even of these humble Homœopathic Dispensaries say whether the two kinds of institutions are to be compared. But let the same candid person examine the *inside* of the Leeds Infirmary and the Leeds Dispensary; let him examine the cases and see their severity and danger, with the accidents frequently brought in, and the capital operations almost weekly performed, involving the risk of life, and swelling the death-rate considerably. Now let this same person ask how many of the patients die, and he will, or can be answered, as far as can be calculated, only about three or four out of every hundred cases—including

accidents, operations, patients brought in dying, and cases which were desperate from the first. Next examine the Homœopathic Hospitals. Go into them—examine the *kind* of cases, and you will find them generally mild and insignificant cases. You do not see beds occupied by consumption, paralysis, Bright's disease of the kidney, organic disease of the heart, cancer, &c. But, according to Dr. Gairdner, whose paper we have before quoted, you find more cases of chlorosis, colic, diarrhœa, headache, sore throat, influenza, and chicken-pox, such cases as would seldom or much less frequently be admitted into a large general hospital; and yet what kind of death-rate do they show? According to their own statistics they have a mortality of five or six deaths out of every hundred cases. Now we look upon this as very discreditable, and surely can be no proof of the success of homœopathy, even when we look at mere *numbers*, and much less when we compare the *kind* of cases! Besides, how can you trust that the success which you hear of among the homœopaths is due to pure homœopathy, when you continually hear the advocates of this system say,—“Oh, but Dr. ——— practises *both systems*, the old and the new!” Dr. ——— conscientiously believes that the *old* system is erroneous, but has no objection to violate his conscience now and then when in difficulties! So long as there is nothing to be done in the case but to leave Nature alone, Dr. ——— can practise conscientiously, but when something has to be really done for the patient, he quietly hushes the stings of his conscience, and does the best for his patient on the *old* system,—making use of any remedy which his judgment points out without any reference to homœopathy! Indeed, most of the medicines used by homœopaths have no reference to homœopathy at all, and do not act in the least on homœopathic principles. Hence we condemn the whole thing as a piece of deception.

Let the reader examine the Table on the opposite page, and, (with the exception of the Edinburgh and Glasgow Infirmeries, which we reckon as like Metropolitan Hospitals, and with a high death-rate like the London Hospitals, for the reasons before given), let him notice the low death-rate in the Scotch Provincial Hospitals.

Next let him examine the Table immediately following it, of statistics of thirty English Provincial Hospitals, drawn out by Mr. Thomson, and (with the exception of the large hospital of Manchester, which is rather higher than the rest in its death-rate,) let him observe the small rate of mortality amongst their cases. These tables, we believe, do not include the out-patients; so that if these out-patients were added, it would reduce the mortality in the Leeds Infirmary and Guy's Hospital (as we have shown in a former page) to a remarkably low figure.

Statistics of Eight of the principal Civil Hospitals of Scotland, prepared from the Managers' Reports, and other authorised documents, by J. Thomson, Esq. Showing the number of patients treated; the average residence in hospital; the deaths, and ratio of mortality per cent., with the proportion of deaths to cures. (Edin. Med. and Surg. Journal, 1843, p. 341.)

Hospitals.	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
	Pop. of respective towns in which the hospitals are situated Census 1841.	Period one year, ending	Under treatment during the year.	No. of cases treated to a termination.	Died.	Cured.	Relieved and discharged.	Discharg. from other causes, viz., by desire, irregular and improp., no benefit.	Average daily number in hospital.	Days in hospital for each cure.	Aver. residence in hospital in days.	Ratio of deaths per cent. of cases terminated.	Ratio of cures per cent. of cases terminated.	Proport. of deaths to cures.	Days of residence in hospital for 1 death	Ratio of admission per cent. of the population.
Royal Infirmary, Edinburgh	164451	Oct. 1, 1842	3770	3529	443	2255	551	280	303	41	29	12.55	63.89	1 to 5.09	249	2.3
... Aberdeen	64767	Dec. 31, 1842	1956	1822	85	1458	167	112	113	28	21	4.66	80.02	17.15	481	3.0
... Dumfries	13353	Nov. 11, 1842	508	463	29	352	44	38	41	42	29	6.26	76.02	12.14	516	3.8
Infirmary, Montrose	13811	June 1, 1842	324	295	20	258	7	10	23	32	26	6.77	87.45	12.90	419	2.3
Royal Infirmary, Glasgow..	273147	Dec. 31, 1842	3612	3405	328	2646	226	205	228	31	23	9.63	77.70	8.06	254	1.3
... Dundee ..	63025	June 1, 1842	916	882	45	762	52	23	52	25	21	5.10	86.39	16.93	422	1.4
Northern Infirmary, Inverness	11592	Dec. 31, 1842	385	344	15	237	41	41	38	59	36	4.36	69.00	15.80	925	3.3
County and City Infr. Perth	18231	Dec. 31, 1842	486	424	29	305	34	56	42	50	31	6.84	71.93	10.54	538	2.7

Table of the number of patients treated, and the deaths in thirty English Provincial Hospitals, (from material in the British Medical Almanac for 1836 and 1837), showing the average mortality in each. (*Edin. Med. and Surg. Journal*, 1843, p. 353.)

Medical Institutions.	Period one year.	Treated.	Died.	Mort. p. cent
Aylesbury General Infirmary,	1835-6,	108	7	6.47
Bath United Hospital,	1835,	814	47	5.77
Bedford General Infirmary,	1835-6,	544	35	6.43
Birmingham General Hospital,	1828-9,	1556	68	4.37
Bristol General Hospital,	1835,	279	13	4.66
Bury St. Edmunds, Suffolk Hospital,	1833,	326	8	2.45
Canterbury Infirmary,	1835,	501	10	2.00
Cambridge Addenbrooke Hospital,	1832-3,	620	17	2.74
Chester General Hospital,	1835-6,	518	21	4.05
Colchester General Hospital,	1834,	284	9	3.16
Derby Infirmary,	1828-9,	584	18	3.09
Exeter Hospital,	1835-6,	1069	35	3.27
Gloucester Infirmary,	1834,	646	33	5.10
Hereford Infirmary,	1828-9,	300	11	3.66
Kingston-upon-Hull General Infirmary,	1835,	528	32	6.06
Leeds General Infirmary,	1832-3,	1298	77	5.93
Manchester General Infirmary,	1833-4,	1852	139	7.50
Newcastle Infirmary,	1828-9,	1100	28	2.54
Norfolk and Norwich Hospital,	1835,	774	46	5.94
Northampton General Infirmary,	1833-4,	756	32	4.23
Nottingham General Hospital,	1835-6,	743	46	6.19
Oxford, Radcliffe Infirmary,	1835,	853	25	2.93
Salisbury Infirmary,	1833-4,	887	27	3.04
Salop Infirmary,	1834-5,	834	30	3.59
Sheffield Infirmary,	1835-6,	894	31	3.46
Stafford Infirmary,	1828-9,	524	13	2.48
Winchester Infirmary,	1833-4,	782	31	3.96
Worcester Infirmary,	1828-9,	680	31	4.55
Suffolk Hospital, Bury St. Edmunds,	1828-9,	250	7	2.80
York County Infirmary,	1835,	305	19	6.22
Total,		21209	946	4.46

Have the public anything to complain of in these statistical tables? Have not their liberal contributions in support of these noble institutions been well and successfully applied in alleviating the miseries of their fellow-creatures, and generally of their poor neighbours? Is it true, therefore, that regular physicians and surgeons are less successful than the practitioners of homœopathy? In this table are included the large hospitals of Bath, Birmingham, Bristol, Leeds, Manchester, and Sheffield, any one of which we suspect contains as many beds as all the homœopathic hospitals in the whole British empire; and yet the average of deaths is only about $4\frac{1}{2}$ out of every 100 cases admitted, and not even reckoning the out-patients: while the homœopaths acknowledge that they lose nearly six out of every

100. We will not waste any more paper and ink on this subject, as we consider that any candid examiner will feel at once satisfied that we have proved our case.

Fourthly.—We acknowledge that all hospital statistics may be more or less fallacious, but those of military hospitals are less so, as they have been calculated for years, and without any object but truth. Homœopathic statistics have evidently been got up with the object of drawing a comparison between them and others. This is the general impression in the medical profession, and there are many suspicious evidences of this. One suspicious fact we have already related as given by Dr. Balfour, in a preceding table, and a still stronger one we shall have to state when we give the table of cholera cases which occurred at Huddersfield some years ago.

Of all hospital statistics, with respect at least to the death-rate, the Army and Navy Reports must be the most correct. In a general hospital a patient may be dismissed apparently cured, but may die in a month after from a return of the disease; but in the military hospitals every patient is watched to the end of his case, and every death must be accurately known, as all the patients are not only in hospital during sickness but under the eye of the surgeon during health, and for months after dismissal from hospital. It may be said that soldiers are all *picked* men; so they are, but they are subject to as dangerous diseases as civilians, and have many disadvantages, such as crowded barracks, and sometimes severe work in camp, and in other ways. Moreover it cannot be said that the *families* of the Russian sailors are *picked* men; they are women and children, and yet even in them, when treated by the skilful Russian surgeons, the death-rate in sickness is very low, especially when we consider how many children die in infancy, and what disadvantages the women must labour under in such a climate as Russia. These army and navy returns, both of England and Russia, show the present success of medical treatment by surgeons.

In the Army and Navy Returns, where young and old persons are excluded, the following is the rate of mortality obtained (*Dr. Routh, p. 45*):—

ARMY. 1818—1837.			Admissions.	Deaths.	One in	Per Cent.
Gibraltar	...	...	58,227	1,291	45·1	2·2
Malta	...	...	44,639	666	70·1	1·4
Ionian Islands	...	...	84,438	1,775	47·5	2·1
Bermudas	...	...	15,356	338	45·4	2·2
Novia Scotia and Brunswick			36,174	649	56·8	1·8
Cape District	...	...	25,506	311	72·0	1·2
Cape Frontier	...	...	5,740	65	88·0	1·1
St. Helena	...	...	4,360	150	29·0	3·4
Mauritius	...	...	38,108	835	45·0	2·1
Canadas	...	...	66,957	982	681·0	1·4
Total			341,397	8,068	42·0	2·1

NAVY.	Admissions.	Deaths.	One in	Per Cent.
Home Service, 1830—36	25,586	229	111	0·9
Cape	14,858	263	56	1·7
South America, 1837—43	25,361	191	132	0·7
Mediterranean, „ ...	97,081	996	96	1·6
Variously employed, 1830—36	17,532	171	72	0·9
Total ...	180,418	1850	97	1·0

Here are returns, then, which forcibly contradict the statements that regular surgeons are not so successful as the practitioners of homœopathy.

Compare these English tables with the Russian (*Med. Times*, Oct. 22, 1859, p. 401), which, although not quite so successful, are very satisfactory.

Table showing the general number of sick of all branches of the service treated in hospitals, lazarettos, and on board ship :—

Under treatment on Nov. 1, 1857	-	-	-	3201
Cases during the year	-	-	-	45824
Recoveries	-	-	-	43163
Deaths	-	-	-	2120
Transferred to other hospitals	-	-	-	1497
Under treatment on Nov. 1, 1858	-	-	-	2245
Ratio of Recoveries to sick	-	-	-	1·1
„ of Deaths to recoveries	-	-	-	1·20

This is highly creditable to the Russian surgeons of whom we entertain the highest opinion, and when we compare this table with the next, in which the *families* of these Russian sailors are calculated, we are still more pleased, as it shows considerable success among a class of people who must have many disadvantages.

Table showing the sickness in the families of the seamen of the Russian Navy, between Nov. 1, 1857, and Oct 31, 1858 :—

Number of cases under treatment on Nov. 1, 1857	-	183
Number of cases under treatment during the year	-	6875
Recoveries	-	6348
Deaths	-	457
Remaining under treatment on Nov. 1, 1858	-	253
Ratio of Recoveries to sick	-	1·1
„ of Deaths to recoveries	-	1·13

From the above we make it out that the death-rate in the Russian Navy was 4·6, and among the families 6·6; whereas in the British Army and Navy returns, which we have placed before the reader, we find the astonishing fact that in the Army out of 341,397 cases *only about 2 out of every 100 died*, and in the Navy out of 180,418 *only 1 out*

of every 100 died! Now here there can be no deception as to numbers. While the homœopaths *acknowledge* that they lose nearly six out of every 100, we find that the Army and Navy surgeons, not one of whom we ever heard of as being a homœopath, only lose one or two out of every 100, and yet every death must be accurately known.

Even in the Indian army, in a climate and with habits which must greatly aggravate disease, we find the following table (*Dublin Quarterly Journal*, Nov. 1859, p. 453), which refers to the Army of Bombay:—

Stations.	Periods of Observation.	Treated per 100 of Strength.	Deaths per 100 of Strength.
Kolapore - - -	20 years ending 1849	300·34	2·05
Sholapore - - -	" "	226·95	2·22
Kirkee - - -	" "	177·34	2·64
Belgaum - - -	" "	172·74	2·75
Punjaub Army - -	" "	197·82	2·89
Aden - - -	" "	137·98	2·99
Deesa - - -	" "	171·82	3·40
Ahmednuggur - -	" "	233·15	3·45
Bhooj - - -	" "	209·99	3·83
Poona - - -	" "	230·33	4·11
Kanark - - -	" "	100·07	4·37
Mhow - - -	" "	182·54	4·97
Indus Army - - -	" "	155·56	7·36
Kurrachee - - -	" "	208·43	9·02
Bombay and Colaba -	" "	254·16	10·92
Hydrabad and Scinde	" "	369·48	23·52

As nearly as we can calculate, this table shows a death-rate of above 2·7 per cent.

Let the homœopaths dispute these tables if they can. We have given accurate references to the books from which we have taken them. These numerical calculations may be here and there slightly erroneous, but not to our knowledge, and not so as to alter the force of the argument that the homœopaths ought to be ashamed of boasting of their success in treating diseases; and that it is undignified and unworthy of a liberal profession to be circulating their statistical tables in pamphlets and other ways for the sake of drawing comparisons between themselves and regular practitioners of medicine.

Fifthly.—We have now to make a grave charge against homœopathic statistics, which we shall do without giving names, as this might be considered personal. It will be remembered, that some years ago, the cholera prevailed in this country, and amongst other places at Huddersfield. In the 'Homœopathic Times' for 1850 is a report on cholera by a gentleman then practising homœopathy at Huddersfield, but now in a neighbouring town. Well may this gentleman say, "if

statistics afford valuable aid in the advancement of science, they are no less useful to those who wilfully essay to pervert facts." Now let us examine this homœopath's statistics, and ascertain whether his object was to advance science or to *pervert facts*. He published the following Table as a Report of the Cases of Cholera which occurred at Huddersfield, and for the accuracy of which he "pledged" himself!

Name.	Age.	Residence.	Treatment.	Results.
William Moss	23	Paddock Head	Allopathic	Died,
Hannah Taylor	55	Ditto ...	Ditto ...	Ditto.
Sarah Tomlinson ...	78	Ditto ...	Ditto ..	Ditto.
A. Micklethwaite ...	17	Ditto ...	Ditto ...	Ditto.
Sarah A. Taylor ...	24	Ditto ...	Ditto ...	Do. (pregnant)
Thomas Dyson ...	1 $\frac{3}{4}$	Ditto ...	Ditto ...	Ditto.
Jane Dyson	4 $\frac{3}{4}$	Ditto ...	Ditto ...	Ditto.
J. Micklethwaite ...	44	Ditto ...	Ditto ...	Ditto.
John Alpin	—	Ditto ...	Ditto ...	Ditto.
Charles Potter	40	Ditto ...	Ditto ...	Ditto.
Jas. Micklethwaite	—	Ditto ...	Ditto ...	Recovered.
Mrs. Micklethwaite	—	Ditto ...	Ditto ...	{ Do. (supposed cholera).
William Leonard ...	38	Quay-street	Ditto ...	Died.
James Atkinson.....	49	Fountain-st.	Ditto ...	Ditto.
Elizabeth Wilson ...	50	Lane ...	Ditto ...	Ditto.
George Jagger	4 $\frac{1}{2}$	Ditto ...	Ditto ...	Ditto.
Benjamin Berry.....	66	Folly Hall	Ditto ...	Ditto.
Mary Goodyear	39	Cropper's-row	Ditto ...	Ditto.
Abraham Smith.....	39	Ditto ...	Ditto ...	Ditto.
Eli Wilson	58	Lane ...	Ditto ...	Ditto.
Mrs. Greenhough ...	40	Paddock Head	Homœopathic	Cured.
John Briggs	50	Ditto ...	Ditto ...	Ditto.
John Briggs' Child...	7	Ditto ...	Ditto ...	Ditto.
Thomas Cliffe.....	40	Ditto ...	Ditto ...	Ditto.
Mrs. Richardson ...	35	Marsh ...	Ditto ...	Ditto.
James France..	17	Ditto ...	Ditto ...	Ditto.
Mr. Beavers	35	Sheepridge	Ditto ...	Ditto.
Mrs. F——tt.....	60	Clare Hill	Ditto ...	Ditto.

"Results: number of cases treated allopathically 20; recoveries 2; deaths 18. Number of cases treated homœopathically 8; recoveries 8; deaths 0."

We will now add the remarks of the Reviewer of these Cholera Reports, suppressing the name of the practitioner, for fear of being considered personal. He says:—

"Will our readers credit us when we assure them that this table is a fabrication—ingenious, it is true—but false from beginning to end?"

Yet it is so. Few literary members of the profession are ignorant of the zeal, industry, and truthfulness of Dr. John Taylor, formerly professor of clinical medicine in University College, and now a physician in Huddersfield. Dr. Taylor has published a report on the cholera, which is characterized in the Report on Cholera in England lately issued by the registrar-general as 'a model which the local inquirer should consult.' To secure as complete accuracy as possible, he obtained personally the particulars of the cases from the families of the sufferers and the practitioners in attendance; they amounted in all to 93, of which 39, or 40 per cent., were fatal. Dr. Taylor drew up a table of the cases and their termination; and on reference to it he finds, that in or near to the places named in the above table, there were FORTY-SIX RECOVERIES. The homœopath pledges himself (what the pledge is worth may be inferred from that damning fact)—the homœopath 'pledges' himself for the accuracy of his report; yet of 46 recoveries he could only hear of two! Was the homœopathist blind and deaf when he inquired as to the fate of John Goodyear the husband, and John Goodyear the son, of Mary Goodyear, whose death he chronicles from 'allopathic' treatment? Could he possibly remain in ignorance, that these two persons were attacked on the day following that on which Mary Goodyear was attacked, and that they both recovered. How did it happen he could state that Mary Goodyear died, but could not say, also, that her husband and son recovered? And these are the cholera statistics of homœopathy! Perhaps the reader may think this *suppressio veri* a solitary instance, and possibly an error. It is neither the one nor the other. The reader will observe that the homœopathist mentions 12 cases of cholera as occurring under 'Allopathic' treatment at Paddock Head, of which, two are reported recoveries, although, with a cunning pretence to great accuracy, he adds the remark, 'supposed cholera,' to one of the recoveries, positively making the mortality 99 per cent. Yet, in reality, there were 25 cases in that locality, treated by three or four practitioners and by Dr. Taylor himself; the deaths were 11, the recoveries 14, several of the latter being in the same houses as those cases of which the homœopathist recorded the fatal result!" (*Medico-Chirurg. Review*, April 1852, pp. 479, 480).

It seems almost incredible that this gentleman should have published such a statistical table, when he must have been aware of numerous other cases of cholera which existed in his neighbourhood, and even in the same family. Although he publishes the death of Mary Goodyear, yet he omits to mention that John Goodyear, the father, and John Goodyear, the son, recovered under regular medical treatment. To show the extraordinary fallacy of this homœopathic report, we append a Table of cases attended by the regular medical practitioners of Huddersfield, drawn up by the late estimable and talented Dr. John Taylor.

Number and Name of Patient.				Age.	Died or Recovered.	Medical Attendant.
1	Francis Donoghue	..	..	50	Died.	Mr. Clarke.
2	Mrs. Thomas	..	...	38	Recovered.	Mr. Booth.
3	Josh. Whitaker	..	..	27	Do.	Mr. Clarke.
4	William Leonard	..	...	38	Died.	Mr. Rhodes.
5	Mrs. Hardy	..	..	65 (?)	Recovered.	Mr. Tatham.
9	Mrs. Gibson	..	..	..	Do.	Mr. Sissons.
7	Mrs. Kershaw	...	..	..	Do.	Do.
8	James Atkinson	..	..	50	Died.	Mr. Tatham.
9	Grace Bake	..	..	29	Do.	Mr. Machill.
10	Mrs. Hirst	..	..	53	Do.	Do.
11	Jonathan Booth	..	...	..	Recovered.	Mr. Sissons.
12	William Rhodes	..	..	45	Do.	Mr. Allatt.
13	Abraham North	...	..	35	Do.	Mr. Greenwood.
14	Mrs. Gaunter	..	..	35 (?)	Do.	Mr. Tatham.
15	John Leonard	..	..	..	Do.	Mr. Sissons.
16	Mrs. George Crosland	..	..	30	Died.	Mr. Machill.
17	Josh. Thornton	..	..	...	Recovered.	Mr. Booth.
18	Martha Walker	..	..	60	Do.	Mr. Allatt.
19	Mary Craven	..	...	35	Died.	Mr. Machill.
20	— F.	...	..	72	Do.	Dr. Robinson.
21	Grace Bake's Child	..	..	1½	Do.	Mr. Booth.
22	Henry Beaumont	..	..	27	Do.	Do.
23	— M.	..	..	70 or more.	Do.	Dr. Robinson.
24	John Stocks	..	..	30	Recovered.	Mr. Maxon.
25	Sarah Tomlinson	..	..	78	Died.	Mr. Allatt.
26	Josh. Hinchliffe	..	..	61	Recovered.	Do.
27	Mrs. Hirst	..	..	53	Died.	Do.
28	James Leonard	..	..	52	Recovered.	Mr. Sissons.
29	Hannah Taylor	..	...	55	Died.	Mr. Allatt.
30	William Moss	..	..	23	Do.	Do.
31	John Alpine	..	...	40	Do.	Do.
32	Sarah Taylor	..	...	24	Do.	Do.
33	Mary Tomlinson	..	...	20	Recovered.	Do.
34	Allen Mickelthwaite	..	..	18	Died.	Do.
35	Hannah Mickelthwaite	..	..	46	Recovered.	Do.
36	John Mickelthwaite	..	..	44	Died.	Do.
37	Thomas Wood	...	..	45	Recovered.	Mr. Booth.
38	Aaron Taylor	..	..	56	Do.	Mr. Allatt.
39	Ezra Whiteley	..	..	2	Died.	Do.
40	Charles Potter	..	..	29	Do.	Do.
41	Thomas Dyson	..	...	1	Do.	Do.
42	Eli Wilson	..	..	..	Do.	Mr. Sissons.
43	William Byrom	..	..	43	Recovered.	Mr. Allatt.
44	Mary Ann Byrom	..	..	7	Do.	Do.
45	Jane Dyson	..	..	4	Died.	Do.
46	James Dransfield	..	..	14	Recovered.	Do.
47	Sally Byrom	..	..	2	Died.	Do.
48	Patrick Connell	..	..	26	Recovered.	Mr. Clarke.
49	Rachel Dransfield	..	..	18	Do.	Mr. Allatt.
50	Mrs. Kaye	..	...	..	Do.	Mr. Sissons.
51	Martha Brown	..	..	19	Do.	Mr. Tatham.
52	Ann Taylor	..	...	23	Do.	Mr. Allatt.
53	Samuel H. Mickelthwaite	..	..	21	Do.	Do.
54	J. Taylor	...	..	..	Do.	{ Mr. Greenwood, Mr. Clarke, and Mr. Booth.
55	Ann Byrom	...	..	28	Do.	Mr. Allatt.
56	Mrs. Wilson	..	..	..	Died.	Mr. Sissons.
57	William Eastwood	..	..	39	Recovered.	Mr. Tatham.
58	John Robinson	..	..	29	Do.	Mr. Clarke.
59	Mary Ann Ferguson	..	..	30	Do.	Mr. Tatham.
60	James Jagger	..	..	5	Died.	Mr. Booth.

Number and Name of Patient.	Age.	Died or Recovered.	Medical Attendant.
61 David Taylor	28	Recovered.	Mr. Allatt.
62 Josh. Shepherd	42	Do.	Mr. Tatham.
63 Richard Berry	62	Died.	Do.
64 Mary Goodyear	39	Do.	Mr. Clough.
65 John Goodyear	45	Recovered.	Mr. Clarke.
66 Mary Walshaw .. ..	.. ..	Do.	Mr. Sissons.
67 John William Taylor	3	Died.	Mr. Rawcliffe.
68 John Goodyear	5	Recovered.	Mr. Clarke.
69 Robert Whitehead .. ..	.. ..	Do.	Mr. Sissons.
70 Harriett Marriott .. ..	.. ..	Do.	Do.
71 Abraham Smith	39	Died.	Mr. Booth.
72 Mary Quarumby	74	Do.	Mr. Dean.
73 Hannah Piek	17	Recovered.	Mr. Tatham.
74 Margaret Heaton	37	Do.	Do.
75 Maria Moxon	32	Do.	Do.
76 ————— M. .. ..	.. ..	Died.	Dr. Robinson.
77 Ruth Berry .. ..	.. ..	Recovered.	Mr. Sissons.
78 Emma Wilcock .. ..	.. ..	Do.	Do.
79 James Charlesworth	61	Do.	Mr. Tatham.
80 John Saville	57	Died.	Dr. Robinson.
81 Josh. Gledhill	60	Do.	Mr. Roberts.
82 —————	18 months.	Do.	Do.
83 Charles Varley	36	Do.	Mr. Dean.
84 Susan Shaw	41	Recovered.	Mr. Tatham.
85 Hannah Clarkson	42	Do.	Do.
86 Mrs. Varley	57	Died.	Mr. Roberts.
87 Mr. Varley	60	Recovered.	Do.
88 Mrs. C. Varley ... ..	.. ..	Do.	Do.
89 Mrs. Shaw .. ..	.. ..	Do.	Mr. Sissons.
90 Jasper Dawson	36	Do.	Mr. Booth.
91 Richard Thorpe .. ..	.. ..	Do.	Mr. Sissons.
92 David Sykes	50	Do.	Mr. Clarke.
93 George William Taylor	2	Died.	Mr. Allatt.

The reader will find a report of *each case* in the 'Medical Times' for 1851, at pages 259, 340, 399, which we believe the Registrar-general considered as a perfect specimen of a medical report. Any one who thinks fit to question the accuracy of these remarks, can now turn to the same papers which we have used, and call them in question if he like.

It thus appears that instead of the regular practitioners having 18 deaths, and 2 recoveries, they had 39 *deaths* and 54 *recoveries*! There can be no deception here. The names are all before the public, with the medical practitioners who attended them. After reading these reports we ask any candid person whether or not he would again trust to the reported statistics of homœopathy. We find that not only is the *severity* of the cases concealed from the public by the homœopaths, but that the actual *number* of cases and deaths are erroneously reported, and therefore we cannot have the least faith in what they say. We honestly confess that we totally disbelieve them in all their statements.

With respect to the statistics of the Vienna Homœopathic hospital, let the reader first remember that this is a private one, in the con-

vent of the Sisters of Charity, and next, that Dr. Fleischmann could admit and discharge the patients without any control. Under these circumstances we do not hesitate to say that any man with any particular object in view could regulate his reports so as to increase their plausibility. Dr. Balfour, who for some time witnessed the practice of this hospital, writes as follows :—

“The patients are admitted and discharged by the physician, without any control, so that, to say the least, it requires a man to be very conscientious to decide impartially between temporary improvement and perfect cure, especially when he recollects that the fate of his creed and his institution may depend upon the nature of his returns to government. These returns are made monthly, with a yearly *resumé*.

“Some of the cases will be found to have been discharged too early to enable us to be positive as to the ultimate result. Again, these cases, or others discharged apparently cured, may apply for re-admission, and be, under some pretext or other, refused; while, to disarm suspicion, a few whose relapses seem more manageable may be readmitted. Such may not be the case in point of fact, still it is very possible. I have seen at least one patient refused admittance, and that, too, the very day after his discharge, without any good obvious reason. And a physician of the General Hospital has assured me that many such cases dismissed by Dr. Fleischmann, and subsequently refused admission, have applied to him for relief, and which relief they have obtained by the use of purgatives and baths. Then again, there are, I may say, hundreds of trifling cases admitted here, which would not have been admitted into any hospital in England. Many of the patients get no medicine; a few a single dose; and even of comparatively trifling cases many remain for weeks, nay months, in the hospital; while more acute or more interesting cases are hurried out too often with the cure incomplete.

“The whole process of the admission and discharge of patients is mysterious. Still so much is certain, that most of those admitted have been previously visited at their own houses by the assistant. Many cases not improving, or apparently not likely to improve, are got rid of very summarily. During most of the time, I visited in the morning along with Dr. Fleischmann, and latterly, for some weeks, in the afternoon along with his assistant, it not being then permitted to visit in the morning. I was told the cause of this restriction was that the students might have an opportunity of taking a course from the assistant.

“I feel convinced that the secret of Dr. Fleischmann’s great seeming success lies in the fact of the admissions and dismissions being entirely uncontrolled, and there being no check on the diagnosis. Rarely other than well-marked cases have their diagnosis written on the board at their bed-head, the others being left blank, and entered in

his book, of course as he pleases." (*Brit. and Foreign Medical Review*, Oct. 1846, p. 572.)

So that these reports may be as fallacious as the homœopathic cholera reports of Huddersfield, and totally untrustworthy!

Not only is Fleischmann's hospital at Vienna a private one, but there is no large public hospital in Austria, Prussia, or France, where this system is sanctioned by Government. In answer to notes addressed to the American ministers at Vienna, Berlin, and Paris, the following is an abridgment of the replies:—

"Count Buol—Minister of Foreign affairs in Austria, answers, '1st that in Austria, Homœopathy is taught not by publicly appointed professors, but only by private teachers. 2nd. That this mode of cure is practised, not in public hospitals, but only in cloister, criminal and private hospitals, 3rd. That the private practice of Homœopathy is permitted to any physician who has a Diploma.'

"Ramner, the Prussian Minister, replies, 'I have the honour to inform your Excellency, that Homœopathy in Prussia, is not admitted into the Universities nor Hospitals, nor other public Institutions. Physicians are allowed, if they please, to exercise Homœopathy in private practice.'

Rouland—Minister of Public Instruction in France, writes, 'the exercise of Homœopathy is not legally authorized in France. My administration has not authorized me to exercise any measure having reference to the teaching of Homœopathy.'" (*Brit. American Journal*, March 1860, p. 141.)

What will the homœopaths say to Count Buol's assertion that their system of practice is adopted, "not in public hospitals but only in cloister, criminal and private hospitals"?—It must be rather a *let-down* to be thus described by a public minister.

With respect to the statistics of particular diseases, such as Pneumonia, we have as little confidence in them as we have in other homœopathic reports. It is well known that the stethoscope was not used by Dr. Fleischmann in the Vienna hospital, and yet he pretends to distinguish cases of pneumonia. In this way he might put down almost any common cold as a case of pneumonia. Besides, Dr. Balfour detected Dr. Fleischmann in a deliberate attempt to make the report on pneumonia better than it really was. It may seem a trivial fault to miss out a case or two in a medical report, but when the object in view is to deceive the public, it becomes a grave fault, and quite unpardonable. At page 107 of Dr. Simpson's work on Homœopathy, is the following: "There is a striking and instructive episode connected with the averment made by Fleischmann, that in 1846 he only lost *two* patients in his wards from pneumonia. To save the credit of the alleged success of homœopathy in pneumonia, the Editors of the British Journal of Homœopathy, in reviewing

the Vienna cases, watched and reported upon Dr. Balfour, and apparently unaware of being preceded in their tactics by Fleischmann himself, attempted to deny that one of the *three* fatal cases seen and recorded by Dr. Balfour was a case of pneumonia. The Editors remark,—

‘Dr. Balfour saw nineteen cases of pneumonia. He observes: ‘These cases of pneumonia give an average of twenty-four, an average treatment of 12·6 days, and a mortality of 15 per cent.; three out of the nineteen having died. Skoda’s cases of pneumonia, during the the same time, amount to forty-five, his deaths to three; giving an average of 6·6 per cent.’ This comparison, we think, is incorrect, as we cannot consider Case VI. to have been a case of pneumonia at all; which being omitted, there would be eighteen cases, and two deaths; or 11·1 per cent.’”—(Vol. v. p. 92.)

“Dr. Balfour assures me that this case (No. VI. in his report of the cases of pneumonia) was most unmistakeably marked as an instance of that disease; and was, as already stated written down as such on the patient’s board by Fleischmann himself. Dr. Balfour’s published report explicitly mentions, that the patient had pain in breathing,—rusty blood-stained expectoration,—the percussion on the right side was dull, as high as the centre of the mammary and scapular spaces,—that over these dull spaces the respiration was bronchial, and elsewhere vesicular, &c.; all of them forming amply conclusive evidence that the disease was pneumonia; and he died on the third day after admission. (*See Dr. Forbes’ Review*, vol. xxii. p. 584; and also vol. xxiii. p. 611.) Is it not truly significant, and in itself, portentously suspicious, to find Dr. Fleischmann and his British homœopathic brethren trying,—and both in the same way,—to change the statistics of these pneumonia cases, in order to make them *apparently* conform to the alleged success which homœopaths have had in the treatment of this disease? When we find two writers, independently of each other, thus adopting the same improper tactics, regarding the same cases, does it not show that these tactics are a part of the general system of their medical or statistical creed?”

We need make no comment on this system of deception.

We must say that the homœopaths completely mistake the number of deaths from this disease occurring in regular medical practice. It may be very fatal in some of the large London and Continental hospitals, owing to the severity of the cases when admitted, and the age of the patients, but in general this disease is far from fatal.

We believe that the cases of pure pneumonia are comparatively rare; and when we see numerous cases recorded, we consider that they have been mixed cases, and often complicated with typhus, fatty heart, or valvular disease, &c. No statistics, therefore, of this disease can be correct. You may call a hundred cases admitted into a hospital cases of pneumonia, and perhaps a little pneumonia may be mixed up

in the cases. They may all be cured, and given out to be cures of pneumonia, but this is quite untrustworthy, and every candid practitioner, whether of medicine or homœopathy, must acknowledge this to be true. We have enquired at the Leeds Infirmary, and find very few cases of death from pure pneumonia. But the best corroboration of our views is in a paper by Dr. W. T. Gairdner, of Edinburgh, who has taken pains to examine into this subject. During five years Dr. Gairdner lost only ten cases in the Edinburgh Infirmary, although he has generally the charge of fifty beds for different diseases, and "only one could fairly be said to be a death from idiopathic or uncomplicated pneumonia." (*Edin. Med. Journal*, March, 1860, p. 834.)

Again, in Dr. Routh's pamphlet we find that, "In 1824, Laennec did not lose one pneumonia case. In 1825, out of 28 pneumonia cases, simple or double, with or without pleurisy, one only died, and this an old man of seventy. In 1825, out of 34 pneumonia cases, 3 died; two females brought *in articulo mortis*, and an old man above seventy. Altogether, Laennec concludes that out 57 pneumonias, he in reality lost but two patients above seventy. Louis lost, out of 20 cases, 3 patients, all from sixty to seventy. In 1831-2, Trousseau lost 2 patients out of 58. None of these were bled in the hospital; but 5 had been so before admission. Since that period, owing to a change of type, he had not been so successful. Professor Bang, out of 54 cases of pneumonia treated at Copenhagen, lost only 2. These were generally bled at the onset. Dr. Wolf did not lose any out of 10 cases (Grisolle). Out of 75 cases treated by Bouillaud, recovery was observed as follows:—55 cases of single pneumonia, 2 died; 16 cases of double, 11 died. Mr. Husson, out of 43 cases, bleeding each patient from one to eleven times, lost only 3 cases. Grisolle collected 44, for the most part severe; in 2 cases the pneumonia was double, 6 only died. The fatal cases occurred among weakened individuals, who were generally above fifty years old. Were I to imitate in this compilation the homœopaths, I could conclude I had collected some 300 cases, with a mortality of about 3 per cent. In justice, however, such a computation and comparison must be condemned; the type and peculiar treatment of each being so different, and admitting of no general conclusion" (*Dr. Routh*, p. 57).

There can be no doubt, however, about the value and accuracy of the Army and Navy Reports. "The official Army Returns show 12,271 cases of pneumonia among the British troops stationed at Gibraltar, Malta, Ionian Islands, Bermudas, Canada, Cape, Mauritius, and St. Helena. Out of these 12,271 patients attacked with inflammation of the lungs, 413 died; or, in other words, 1 in every 29 cases of the disease was fatal; or, about 3 in every 100. Out of above 2000 cases of pneumonia at Gibraltar, only 1 in 45 proved fatal; or, about 2 in every 100 attacked with this disease.

The official Navy Returns show 3,099 cases of pneumonia among the sailors in our fleets when stationed at the Cape, in South America,

the Mediterranean, &c. Out of these 3,099 patients attacked with inflammation of the lungs, 136 died; or, in other words, 1 in every 23 cases of the disease was fatal; or, about 4 in every 100. Out of 295 cases of pneumonia in the ships placed on the South American stations, only 1 in 59 died; or, less than 2 in every 100 attacked with this disease died." (*Dr. Simpson, p. 113.*)

In conclusion the most charitable opinion to arrive at with respect to the fallacies of homœopathy, is that the writers on this system become muddled, and at last begin to think that their fallacies *are* truths. Some will write in such a way that each word is correct enough, and perhaps each sentence, but somehow when you have read the whole paragraph or speech, you can make neither *head nor tail* of the subject. For example, M. Granier, a celebrated homœopath, writes as follows:—"I would ask if in the middle of the 19th century, an age eminently favourable to the development of *fluidism*—any one should object to consider diseases as the *fluidic derangements of our vital fluid*? which is perhaps our *specific electric fluid*."

"Medicines are *fluidic powers*. They are *beings* that man may create at his will. I wish I could say they are occult powers forming the chain of fluidic communication between this world and that beyond the tomb. But I am convinced in my own mind, that placed on the limits of *fluidic dynamism*, our observation might cast a scrutinizing glance into the unseen world" (Conferences on Homœopathy by M. Granier). (*Lancet, Feb. 11, 1860, p. 148.*)

The works of Hahnemann are nonsensical enough, but M. Granier is a recent writer, and one who is supposed to be *well up* in all the modern improvements of homœopathy.

It has often amused us to see the difference of opinion amongst homœopaths: take for example the opinion of this said M. Granier respecting camphor. Every one who has examined homœopathic medicines and tasted them (such as can be tasted) will see how often *camphor* is prescribed. But, says Mr. Granier, the very smell of camphor "forms an antidote to homœopathic medicines." He calls it the "*oidium* of the pharmaceutical vineyard," and declares that a piece in a patient's room destroys the influence of his remedies. This may account for the want of success of some homœopaths, who, we know from our own personal knowledge, have been giving strong doses of spirits of camphor with a solution of morphia when the bowels have been blocked up for several days, and no attempt made to relieve them.

We think that we have now in these three pamphlets written enough to prove that the practice of homœopathy in the selection and doses of medicines is absurd—that its principles are unscientific and untenable—and that its statistics are untrustworthy. We shall hereafter decline troubling ourselves further on this subject.

